



COUNTY OF SAN BERNARDINO  
STANDARD PRACTICE

NO 2-4.21

ISSUE 04/01/2003

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BY Janet Serros

EFFECTIVE 7/94

APPROVED

DEPARTMENT

BEHAVIORAL HEALTH

SUBJECT

TRAINING OPPORTUNITIES AND  
REIMBURSEMENT FOR EXPENSES

*Rudy Lopez*  
Rudy Lopez, Director

**I. PURPOSE**

To define Department of Behavioral Health's (DBH) policy toward training, procedures for payment for training, and membership. Membership refers to professional organizations, or professional dues.

**II. GENERAL POLICY**

- A. The Department recognizes the importance of training to increase employee knowledge, skills and thus their value to the Department. In recognition of this, the Department sponsors training coordinated through DBH Training Committee.
- B. Employees may attend training with approval of the appropriate Supervisor, Program Manager, Deputy Director, Assistant Director, or Director **prior to the start date of the training.**
- C. Use of County/Leave Time for Training:
  - 1. Training sponsored by DBH or by Human Resources Department's Performance, Education, and Resource Center (PERC) may be attended on County time.
  - 2. Training sponsored by outside vendors e.g. colleges and professional and private service organizations is obtained on the employee's personal leave time (e.g., vacation, holiday, or annual leave).
  - 3. If the Department requires an employee to attend a specified training seminar, that training can be attended on County time.
- D. County tuition funds may be used for job-related, career development education or training, as well as for professional dues; providing that such expenditures enhance furtherance of County or continuing education goals. County tuition funds cannot be used for licensing fees.
- E. Upon completion of training, the employee must submit proof of completion (certificate, official letter from instructor on letterhead paper, etc.) to the Department, 30 days after the training is completed, in order to be reimbursed for use of MOU funds, and to **verify that training was actually completed.** **\*\*Failure to provide proof of completion will result in payment for training by the employee.**

- F. MOU Funds are to be utilized during the current fiscal year. Unused funds do not roll over to the next fiscal year.

### III. **PROCEDURES FOR APPROVAL OF TRAINING/REIMBURSEMENT**

- A. For non DBH sponsored training, the employee should discuss the proposed training with the appropriate supervisor to evaluate its relationship to the employee's training needs and the Department's needs.
- B. For all other training, an Education Assistance Proposal (EAP) form (Form 16-11979-000 Rev. 2/02) (See Attachment 1) is submitted for prior approval to the employee's supervisor.
1. The EAP form can be obtained from the Division secretary or clerical support. Also, the EAP can be ordered from the DBH catalog.
  2. The form must be completed accurately, and must include the employee's signature, date, and specifics regarding who is going to pay the costs. In addition, indicate whether the training is to be attended on personal time or County time under #8 of the EAP form.
  3. Employee must pre-register for training when submitting an EAP and so indicate under #8 of the EAP form.
  4. The EAP request must be submitted at least 30 days prior to the training to allow for sufficient processing time. If the employee did not learn about the training 30 days prior to its occurrence, an exception may be made at the discretion of the Deputy Director, Assistant Director, or Director.
  5. If the employee is unable to attend training, it is the employee's responsibility to contact the training organization for cancellation and to obtain refund or credit. The employee must inform the EAP secretary of the transaction to appropriately monitor MOU Funds.
  6. It is imperative that each employee keeps track of his or her EAP through the signature process. It should not be assumed that the request has been approved.
- C. The request is reviewed and approved.
1. The immediate supervisor has the authority to approve DBH sponsored training, unless otherwise specified by higher-level management.

2. For other training requiring an EAP form, it must be **approved and initialed by the Program Manager, Deputy Director or Assistant Director, and then forwarded to the Director for signature.**
  3. After the Director, or his authorized representative, signs the EAP, it is forwarded to the EAP Secretary in Building (3) in the Gilbert Street Behavioral Health complex. Final approval from the Director must be obtained before attending any training.
- D. When the EAP is processed, the goldenrod copy will be returned to the employee, the pink copy is kept on file with the Department, and the white and yellow copies are forwarded to PERC.
- E. Payment/Reimbursement of Training Cost:
1. There is no charge for DBH sponsored training.
  2. PERC sponsored training will be paid by the Department or out of the tuition fund prior to the training, as long as funds are available. Employees are not required to pay for the training first.
  3. For training sponsored by an outside vendor, the Department requires:
    - a. Employees who have specific amounts allocated in the Department budget can have the class paid for by the Department or be reimbursed. This includes Exempt, Professional, Management, and Administrative Services bargaining units.
    - b. Employees who are covered by the joint tuition fund, which is administered by PERC (Supervisory, Technical, Clerical, Craft, Labor, and Trade units) must pay for the class initially and then be reimbursed unless the Department has approved to pay.
  4. How to be Reimbursed for Training Costs/Professional Dues
    - a. It is mandatory that the employee indicate that the form is being **"SUBMITTED FOR REIMBURSEMENT"** on the EAP form under #8 "reimbursement" (see Attachment 1). Employees using the **MEMBERSHIP IN PROFESSIONAL ORGANIZATION** Form (see Attachment 2) must also complete the "Reimbursement to Employee" section.
    - b. The following materials need to be forwarded to the EAP Secretary. The EAP form will be held until these materials are received.

- i. Materials that describe the cost and date of the training (as proof that the class had been taken);
  - ii. Professional membership stamp or renewal notice.  
**AND one of the following** (proof of payment)
    - iii. original receipt
    - iv. copy of canceled check, front and back
    - v. bank/credit card statement with employee's name on it
    - vi. receipt from money order (recommended if immediate reimbursement is needed).
  - c. The reimbursement check will be mailed to the employee's mailing address, as listed under #5 – Employee Home Mailing Address - on the EAP form, or listed on the membership form.
5. Travel Request: A completed Travel Request Form is required for Department approval on Out-of County training (except Riverside County). Out-of State training requires additional approval by the County Administrative Officer. A Travel Request Form needs to be completed for approval prior to the start of the training.
- F. An employee who attends a training on County time at PERC, or an outside the Department training; and who has submitted an EAP, should code his/her Time and Leave Report (TLR) as follows:
- Type: EDU**  
**Project-Distribution: 1003**
- G. Training time for purposes of computing overtime:
- 1. If training is attended on the employee's personal leave time, that time is considered as time actually worked for the purposes of computing overtime.
  - 2. For employees in the Professional and Supervisory bargaining units, County time spent attending training is not considered as time actually worked for purposes of computing overtime.
  - 3. For employees in the Technical and Inspection, Clerical, Craft, Labor and Trades and Administrative Services bargaining units, County time spent on attending training is considered as time actually worked for the purposes of computing overtime.
  - 4. Management and Exempt employees do not receive overtime.

**IV. PROCEDURES FOR PAYMENT/REIMBURSEMENT FOR PROFESSIONAL DUES**

- A. Supervisory, Technical and Inspection, and Clerical employees: The procedure for approval and reimbursement for professional dues is the same as reimbursement for training defined above.
- B. Exempt, Professional, Craft, Labor, and Trades, Management, and Administrative Services employees: In lieu of completing an EAP form, complete the Membership in Professional Organization Form, obtain appropriate signatures, and forward to: EAP Secretary, Building #3.

**V. DENIAL OF TRAINING/REIMBURSEMENT REQUESTS**

A request to attend training and/or reimbursement for training may be denied. Examples of reasons a request may be denied include, but are not limited to:

- A. Employee failed to follow the designated procedures.
- B. The training request does not meet the criteria of being job-related or career development education/training, that enhances the furtherance of County or continuing education goals.
- C. The date of the training conflicts with work requirements.
- D. Tuition funds are no longer available.

**VI. MOU FUNDS AVAILABLE/MOU POLICY DESCRIPTION**

Specific information regarding the amount of money available and policy description for employees in each bargaining unit is described in the Memorandum of Understanding.



**County of San Bernardino  
EDUCATION ASSISTANCE PROPOSAL**

**— FOR OFFICIAL USE ONLY —**

# \_\_\_\_\_ ☐ APPROVED  
☐ NOT APPROVED  
 PROCESSED BY \_\_\_\_\_  
 DATE \_\_\_\_\_

NOTE: EAP will not be processed if not fully completed.

1. Employee Name \_\_\_\_\_ EMP # \_\_\_\_\_ Phone \_\_\_\_\_  
 2. Department Behavioral Health / Include Occupational 4-Digit  
clinic name Unit \_\_\_\_\_ Mail Code 0920  
 Specify city if no mail code  
 3. Job Title \_\_\_\_\_

4. Exact title of course/membership \_\_\_\_\_

5. Name and address of organization  
 providing training/membership:

Employee home mailing address:

Complete only when  
requesting reimbursement

6. Make check payable to \_\_\_\_\_

7. Beginning Date \_\_\_\_\_ Ending Date \_\_\_\_\_ Total Hours/Units \_\_\_\_\_

8. Accounting Codes:

FUND

DEPT

ORG

APPR

OBJECT

COST CENTER #  
 GRC/PROJ/JOB NO

(To be completed by appropriate financial/fiscal unit)

PERSONAL or COUNTY time, pre-registered, submitted for reimbursement

9. Costs to be disbursed as follows:

DEPARTMENT  
BUDGET

EMPLOYEE  
EXPECTS TO PAY

\*MOU  
TUITION FUND

OTHER  
(Please Specify)

Tuition/Membership/Conference  
(Circle one)

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Books

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Out-of-State Travel Request (16-1764-011) must be approved by the CAO prior to travel and sent to Auditor-Controller.

Travel (Mode) \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Room (No. of nights) \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Meals (Number) \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

TOTAL COSTS

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\*I, the undersigned employee, understand that the reimbursement for tuition through MOU funds will be made directly to me after I have provided a proof of course completion, cost verification and proof of payment (e.g., front and back of cancelled check) within 30 days of course completion or payment of membership, or the funds will be released from my name

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

APPROVAL: \_\_\_\_\_  
 Supervisor (Please Print) Department Head (Please Print)

Signature

Date

Signature

Date

DISTRIBUTION

White — PERC or Dept Fiscal  
 Canary — PERC or Dept Fiscal

Pink — Submitting Department  
 Goldenrod — Retained by Employee

## MEMBERSHIP IN PROFESSIONAL ORGANIZATION

*This Form to be Completed ONLY by the Following Units:*

**\*\* EXEMPT, MANAGEMENT, ADMINISTRATIVE, PROFESSIONAL \*\***

*Please do not abbreviate*

Employee's Name \_\_\_\_\_ Title \_\_\_\_\_ Phone# \_\_\_\_\_

Program \_\_\_\_\_ Cost Center \_\_\_\_\_

Clinic or Location \_\_\_\_\_ Occu. Unit \_\_\_\_\_

Reason for Membership \_\_\_\_\_

**FOR PAYMENT DIRECTLY TO PROFESSIONAL ORGANIZATION:**

Name of Organization \_\_\_\_\_

Address \_\_\_\_\_

Amount of Dues \$ \_\_\_\_\_

***NOTE: Attach completed application to this form and forward to address below. If you are requesting renewal of membership dues, attach ORIGINAL billing statement.***

**REIMBURSEMENT TO EMPLOYEE:**

Employee's Mailing Address \_\_\_\_\_

***NOTE: For Reimbursement, attach proof of payment (copy of cancelled check-front and back, or copy of bank statement, receipt and registration application).***

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

APPROVED BY \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's Signature

\_\_\_\_\_  
Program Mgr's Initials

\_\_\_\_\_  
Deputy Director's Initials

\_\_\_\_\_  
Date

Department Head

**AFTER ALL APPROPRIATE SIGNATURES ARE OBTAINED, FORWARD COMPLETED FORM AND REQUIRED ATTACHMENTS TO: CHARLOTTE ROYBAL, BLDG. 3**

**\*\*For information or questions, call (909) 387-7562\*\***